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Express Mail Mailing Label No. EV289510626US

PATENT
Attorney Docket No. LEX-011

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Gillies *et al.* CONF. NO.: 8264
SERIAL NO.: 09/780,668 GROUP NO.: 1644
FILING DATE: February 9, 2001 EXAMINER: D. Saunders
TITLE: Enhancing the Circulating Half-Life of Antibody-based Fusion Proteins

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This paper is responsive to the Office action mailed from the U.S. Patent and Trademark Office on March 9, 2004. Applicants enclose a check for \$258.00 for claim fees under 37 C.F.R. § 1.16 (b). Applicants believe that no other fees are due with this submission. Nevertheless, please charge any additional fees to Deposit Account No. 20-0531.

Amendments to the Claims are shown beginning on page 2 of this paper.

Remarks begin on page 7 of this paper.

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TRANSMITTAL FORM	Application Serial Number	09/780,668
	Filing Date	February 9, 2001
	First Named Inventor	Gillies
	Group Art Unit	1644
	Examiner Name	D. Saunders
	Attorney Docket No.	LEX-011
	Patent No.	Not applicable
	Issue Date	Not applicable

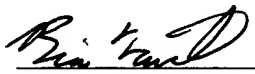
ENCLOSURES (check all that apply)

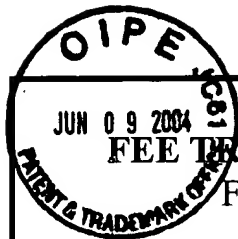
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Copy of Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return receipt postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CORRESPONDENCE ADDRESS

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Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
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SIGNATURE BLOCK

Respectfully submitted,

Date: June 9, 2004
Reg. No. 48,645
Tel. No.: (617) 248-7697
Fax No.: (617) 248-7100
Brian A. Fairchild, Ph.D.
Attorney for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
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FEE TRANSMITTAL FY 2004	<i>Complete if Known</i>	
	Application Serial Number	09/780,668
	Filing Date	February 9, 2001
	First Named Inventor	Gillies
	Group Art Unit	1644
	Examiner Name	D. Saunders
	Attorney Docket No.	LEX-011

METHOD OF PAYMENT				FEE CALCULATION (continued)																																						
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																						
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																										
3. <input type="checkbox"/> Applicant claims small entity status.																																										
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Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted Date: June 9, 2004 Reg. No.: 48,645 Tel. No.: (617) 248-7697 Fax No.: (617) 248-7100 Brian A. Fairchild, Ph.D. Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																						